IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF OKLAHOMA EQULLA M. BROTHERS, as the Personal) Representative and Administratrix of the Estate of Daryl Clinton, Deceased, Plaintiff, Case No. 5:2021-cv-418 vs. TOMMIE JOHNSON III, in his (1)official capacity as Oklahoma County Sheriff, 1 Defendant. 1 1 1 1 VIDEOCONFERENCE DEPOSITION 1 OF WILLIAM ALLEN COOPER, D.O. 1 TAKEN ON BEHALF OF THE PLAINTIFF 1 ON MARCH 14, 2023 1 IN OKLAHOMA CITY, OKLAHOMA 1 COMMENCING AT 9:32 A.M. 2 2 2 INSTASCRIPT, L.L.C. 125 PARK AVENUE, SUITE LL 2 OKLAHOMA CITY, OKLAHOMA 73102 405.605.6880 2 schedule@instascript.net 2 REPORTED BY: THERESA L. McDANIEL, C.S.R.

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1	APPEARANCES Appearing via videoconference on behalf of the	2	It is hereby stipulated and agreed by and
3	Plaintiff		between the parties hereto, through their respective
4	MR. GEOFFREY A. TABOR Attorney at Law		attorneys, that the Videoconference Deposition of
5	WARD & GLASS, LLP 1601 36th Avenue NW		WILLIAM ALLEN COOPER, D.O., may be taken on behalf of
6	Suite 100 Norman, Oklahoma 73072		the Plaintiff, on March 14, 2023, in the City of
7	E-mail: geoffrey@wardglasslaw.com		Oklahoma City, Oklahoma, by Theresa L. McDaniel,
	Appearing via videoconference on behalf of the		Certified Shorthand Reporter within and for the State
9	Defendant		of Oklahoma, taken pursuant to Notice and Agreement
10	MR, RODNEY J. HEGGY Assistant District Attorney		and the Federal Rules of Civil Procedure.
11	OFFICE OF THE DISTRICT ATTORNEY-OKLAHOMA COUNTY 320 Robert S. Kerr	11	
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	Appearing via videoconference on behalf of the	14	
15	Witness	15	
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19		19	
20		20	
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1	Page 3 EXAMINATION INDEX	1	Page 5 WILLIAM ALLEN COOPER, D.O.,
2	PAGE	2	
3	Stipulation Page4	3	, ,
1	Direct Examination by Mr. Tabor5	4	Q (By Mr. Tabor) Can you state your full name
	Cross Examination by Mr. Heggy63	5	for the record, please?
ı	Jurat Page68	6	A William Allen Cooper.
	Errata Sheet69	7	Q Okay. And, Dr. Cooper, you have given a
1	Certificate Page70	8	deposition before?
9	2	9	A Yes.
10	PLAINTIFF'S EXHIBIT INDEX	10	Q Okay. I know you're well-prepared, and so I
11	NO. DESCRIPTION PAGE	11	can skip over the lengthy introduction, but just a
12		12	quick refresher, particularly since we're on Zoom, if
13	2 Turn Key medical records59	13	we could be really mechanical in our back and forth,
14		14	that will make our court transcript quite a bit
15		15	cleaner, rather than interrupting each other. I'm
16	5 Sentinel Event Review41	16	the worst offender at that probably.
17	6 County investigative report42	17	If my feed goes out, let me know.
18		18	Interrupt you can interrupt me mid-question if my
19	8 Table of Contents61	19	sounds starts to go out. That's that's not
20	9 Turn Key's policies12	20	uncommon on these Zoom depositions.
21	Nursing protocols27	21	If you need a break, let me know. I would
22	11 Turn Key contract27	22	just ask that you completely answer any pending
23	12 First Amendment to Turn Key contract61	23	questions that are posed to you.
24	13 Sinead Eastman, RN note44	24	I'm going to be using some exhibits today.
1		1	

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 $$\operatorname{\mathtt{Page}}\xspace\in \ensuremath{\mathbb{T}}$ you need me to scroll, blow something up, whatever, 2 let me know and I can -- I can navigate for you. Okay. Tell me, how many prior depositions have you 0 5 given? A I think it's three. Okay. Could you kind of give me an overview 8 of the circumstances of each time you have given a 9 prior deposition? It was regarding a suit over a death each 10 11 time. 12 And did you testify as a designee on behalf 13 of Turn Key in each of those depositions? 14 15 Q Okay. And, to your memory, were all of 16 those prior depositions, were those Oklahoma County 17 Jail deaths or other facilities or a mixture of both? Those were Tulsa. 18 Q Tulsa? Okay. Tulsa County Jail? 19 A Yes. 20 21 Q Could you give me just a really brief 22 background of your -- just kind of a 30,000-foot 23 overview of your professional career and kind of what 24 title you have currently? A I was in private practice for eight years in Page 1 a small southern Oklahoma community, Marshall County, 2 which is Madill. I did that for eight years. The last two years I was there, I also 4 worked at the prison in Stringtown, Oklahoma, which 5 is Mack Alford Correctional -- Correctional Center. 6 So for two years, I did both. Then I went full-time at the prison and 8 donated my practice to Integris, and I was with DOC 9 for 16 years pretty much, almost 16 years. And the 10 last year or so that I was there, I was the Chief 11 Medical Officer for DOC. 12 And then I went to work for Red Rock 13 Behavioral Health here in the Oklahoma City area and 14 worked for them for -- I believe it was seven months, 15 until Turn Key found me and recruited me, and so I 16 have been with Turn Key for seven years as their 17 Chief Medical Officer. 18 Q And are you an MD? 19 A DO. 20 Q DO. And where did you receive your DO from? A Oklahoma State University. 21

Q Let me get this pulled up. Dr. Cooper, can

Q Okay. I'm going to introduce Exhibit 1 to

23 you see the document I'm sharing on my screen?

Page: 3 (6 - 9) Page 8 1 your deposition. I'll represent to you this is the 2 30(b)(6) notice that brings us here today. Do you 3 recognize this document? Yes. Q Okay, And -- and -- and you have reviewed 6 this before today's deposition, correct? Correct. And it's your understanding that you have 9 been designated by Turn Key to testify on its behalf 10 regarding the topics in this notice, correct? That's correct. 11 Okay. Tell me, generally speaking -- and I 12 13 know you know this because you have given testimony. 14 Never interpret any of my questions to ask about 15 attorney/client communications, anything you have 16 discussed with Ms. Ah Loy, so just take that off the 17 table. 18 But with that clarified, I'd ask you, tell 19 me everything that you have done to prepare to 20 testify on Turn Key's behalf for this notice. A I searched my e-mails for relevant topics at 22 hand. I, of course, visited with Allie and reviewed 23 the court document that you're showing me there. I 24 looked through some medical records and I looked 25 through the jail's investigation, and I made a phone Page 9 1 call to Tammy Hill, who used to be the Health Service 2 Administrator, to kind of confirm some of my memory. Q And tell me, what did -- what did you and 4 Ms. Hill discuss? A Whether or not we had asked for additional 6 medical staff at the jail and about how -- what time 7 period that was. Q To your best estimation possible, about how 9 many total hours have you devoted to preparing for your testimony today? A Oh, probably four. 12 Okay. And, again, anything attorney/client 13 aside, preparing for today's deposition, did you prepare any physical or digital notes in conjunction

16

15 with your preparation?

17 Q Okay. And did you speak with or prepare

18 with anyone else at Turn Key, other than Ms. Hill, as

you previously mentioned? 19

A No, just -- I -- Austin Young, our General 20 21 Counsel at Turn Key, and he and I spoke very briefly

22 about it.

Q Okay. Based on your preparation that you 23 24 have described here today, do you believe that you 25 are prepared and possess the requisite knowledge to

Page: 4 (10 - 13)

Page 12

William Cooper 3/14/2023 Page 10 1 testify on behalf of Turn Key for the topics here in 2 the deposition notice? A I believe so, yes. Okay. Now, I -- under the document requests 5 that we submitted in the notice, I was given the 6 documents you reviewed to prepare for today, and I'm 7 going to list them off and make them a part of your 8 deposition as we go through today, but you reviewed 9 the notice, correct? A Yes. 10 Q You reviewed Turn Key's medical records 11 12 regarding Mr. Clinton, correct? 13 A Yes. Q You reviewed the Medical Examiner's report, 14 15 correct? 16 Q And you reviewed the St. Anthony's records? 17 A The only record there that I reviewed was 18 19 the CAT scan report. Q You reviewed the morbidity and mortality or 21 the Sentinel Event Review for Mr. Clinton's death, 22 correct? A Correct. 23 Q You reviewed the investigative report 25 rendered by the County, correct? A Yes. Q You reviewed Mr. Clinton's cellmates'

MR. TABOR: -- so you're doing good. Q (By Mr. Tabor) Okay, Dr. Cooper. I have 5 got some of these exhibits for your deposition 6 marked, so I'm going to go a little bit out of order, 7 but we will get all of them cleanly into the record 8 as we go. I'm introducing -- there is a series of PDFs 10 Turn Key produced containing different sections of 11 Turn Key's policies. I'm going to introduce all of 12 these as Exhibit 9. Can you see my screen? 13 A Yes. 14 Q Okay. I have got pulled up Section A of the 15 policies. Do you see that there in the middle of the 16 page? 17 A Yes. 18 O Okay, Within Section A -- well, let me ask 19 here, first, these policies Turn Key has, the medical 20 staff employed by Turn Key are expected to be 21 familiar with and follow these policies, correct? 22 A Correct. 23 Q Does Turn Key expect the detention staff at 24 the jail, if something is mentioning "detention 25 staff" in here, does Turn Key expect the detention Page 13 1 staff to follow those portions of the policies? A They are not expected to follow our 3 policies, but they are expected to follow the jail's

1 than -- than not --

MS, AH LOY: Yeah, yeah,

2

Page 11 3 written statements, correct? A The best I could. They were very difficult 5 to read. Q Yeah, yeah. One of them, in particular, I 7 think was really tough. A Yeah. O You reviewed the Table of Contents for some 10 of the written policies kept by Turn Key Health, 11 correct? 12 A Yes. Q You reviewed Turn Key's policies for the 14 Oklahoma County Jail, correct? 15 A Yes. Q And you reviewed the nursing protocols kept 17 by Turn Key, correct?

MS. AH LOY: Yeah. And, Geoff, just to

MR. TABOR: That's okay. We noticed it.

21 interject, I accidentally produced the Table of

22 Contents twice. That's -- I don't know why I did

25 Not a problem, but better than -- duplicating it

18

19

20

A Yes.

23 that. I'm sorry.

Q Okay.

4 policies. Q Okay. Within Exhibit 9, Section A, I'm 6 going to go to Page 20. This sub-policy is entitled 7 Communication on Patients' Health Needs. Do you see 8 that? A Yes. Q Okay. Tell me the basic aim and purpose of A To make sure that people are getting the 13 care they need, which, you know, is reliant upon people communicating well. Q And would it be accurate to say that part of 16 the aim of this policy is to have open and accurate 17 communication between the medical staff and the 18 detention staff? A Yes, as -- as much as allowed by law, yes. Q Okay. And -- and could you tell me -- maybe 21 flesh that out a little bit so I understand what you 22 mean by "as allowed by law"? A Well, you know, we try not to violate HIPAA, 24 of course. But, according to HIPAA, security staff 25 have the right to know the minimum amount necessary

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Page 16

1 to do their job, and if -- part of their job is to

- 2 keep people safe and cared for, too. So, you know,
- 3 they need to let us know when somebody has a need,
- 4 that sort of thing.
- 5 Q And so that was kind of going into my -- my
- 6 next question. Does Turn Key generally, Turn Key
- 7 staff, do they rely, to some degree, on the detention
- 8 staff keeping them up to date on the conditions of
- 9 certain inmates or detainees?
- 10 A Yes
- 11 Q Okay. Tell me more specifically about that
- 12 relationship, what it entails.
- 13 A Well, it's part of a teamwork approach
- 14 that's necessary to take care of the amount of people
- 15 that we have to take care of.
- 16 So, you know, nurse -- medical staff can't
- 17 be in every nook and cranny of the building, and the
- 18 security officers spend much more time with these
- 19 people, so they often know things about them that we
- 20 don't.
- 21 Q Okay. And so from Turn Key's perspective,
- 22 does it expect detention staff to relay to them if
- 23 the detention staff thinks there is a problem with an
- 24 inmate, such as a potential medical emergency?
- 25 A Yes.
- Page 15

 Q And -- and why is that important to Turn
- 2 Key?
- 3 A Well, for the same reason I just said, we
- 4 can't be everywhere, and security is generally
- 5 everywhere. So, you know, they are -- they serve as
- 6 our eyes and ears a lot of times.
- 7 Q Okay. And would you agree with me that part
- 8 of that reliance Turn Key has on the County, in this
- 9 case, since it's pre-Jail Trust, the Sheriff's
- 10 Department, does Turn Key rely in part on the jailers
- 11 properly doing site checks on inmates?
- 12 A Yes.
- 13 Q Within Exhibit 9, Section A, I have gone to
- 14 Page 24 of the document. It's a sub-policy entitled
- 15 Procedure in the Event of Inmate Death. Do you see
- 16 that, sir?
- 17 A Yes.
- 18 Q Okay. This policy provides a process to
- 19 follow following a death, and it's got here on
- 20 Paragraph 3 a series of reviews that are undertaken.
- 21 Do you see that?
- 22 A Yes.
- 23 Q Section 3A entails an administrative review.
- 24 Could you tell me what that is?
- A It's kind of where we look, you know, was

- Page 14 1 our staffing adequate, you know, did -- that sort of
 - 2 thing. At the time of a death, were, you know,
 - 3 people in -- where they should have been in the
 - 4 building and that -- that type of thing.
 - 5 Q And I believe the definition section under
 - 6 there kind of elaborates on the administrative
 - 7 review, correct?
 - B A Yes.
 - Q Okay. Now, the administrative review that
 - 10 Turn Key does under this policy, does it also look at
 - 11 acts or omissions of the detention staff?
 - 12 A Yes, if we're aware of them.
 - 13 Q Okay, okay. And I'm going to come back to
 - 14 that real quick here in a minute, but let's go on to
 - 15 Paragraph 3B, clinical mortality review. Tell me
 - 16 what that entailed.
 - .7 A That's where we look at was the care prior
 - 18 to the death appropriate, was the emergency response
 - 19 to the death appropriate. So, basically, you know,
 - 20 were they clinically cared for in a way that they
 - 21 should have been.

- Q And here, kind of similar to my question on
- 23 3A a minute ago, does a clinical mortality review
- 24 also encompass looking at detention staff's acts, or
- 25 is this solely focused on Turn Key -- Turn Key staff?
 - Page 17
- 1 A It's mostly on Turn Key. You know, there is
- 2 always officers involved in an emergency response.
- 3 So any actions that they take that we are aware of
- 4 are -- are included and, you know, is there something
- 5 we need to work on.
- 6 Q So going back to 3 -- the 3A administrative
- 7 review, tell me, was there an administrative review
- 8 performed regarding the death of Daryl Clinton?
- 9 A Yeah, it was kind of simultaneous at the
- 10 time that we do the Sentinel Event Review. We look
- 11 at pretty much all three of these.
- 12 Q Okay. And tell me, as a part of that
- 13 administrative review that was done with the Sentinel
- 14 Event Review, did Turn Key look at or evaluate any of
- 15 the conduct of the detention staff?
- 16 A Yes.
- 17 Q And tell me what Turn Key looked at and what
- 18 its conclusions were.
- 19 A We looked at the act, that they, you know,
- 20 responded to the emergency, they notified medical
- 21 quickly, they helped with CPR, that sort of thing.
- 22 Q Okay. I appreciate your patience here while
- 23 I pull your exhibits up, so sorry for any delays
- 24 here.
- 25 A You're fine.

3/14/2023 Page 18 Q We're still in Exhibit 9. I have entered 2 Section B. Within Section B, I'm going to go to 3 Page 5 on the Patient Safety Policy. Do you see 4 that? A Yes. Q Okay. This defines an adverse clinical 7 event as an injury or death caused by medical 8 management rather than a patient's disease or 9 condition. Do you see that? 10 A Yes. Q Okay. Was this definition or process used 12 in any way regarding the death of Mr. Clinton? 13 A I don't remember that specifically being 14 14 part of the conversation. Q Okay. Now, in terms of the administrative 15 16 review, did Turn Key make any type of, I want to say, 17 global finding of what it -- who it believed, if 17 18 anyone, was at fault for Mr. Clinton's death? 18 19 A No. You know, we did recognize some 20 failings and took appropriate actions. 21 Q Okay. And could you tell me about those 22 22 failings and the actions that were taken? A Yes. A We had one of our nurses that was found to 23 24 have claimed that Mr. Clinton was faking his 25 problems, and we terminated her when we found that Page 19 Q And I believe that would have been Phyllis 3 Miller, an RN; is that correct? A Yes. 5 it's us. I don't think it's Turn Key. I could be Q Okay. And did Turn Key, as a part of the 6 administrative review, find any other deficient 6 mistaken about that.

7 practices? A Not that I recall. Q Okay. We're still in Exhibit 9. I have 10 introduced Section C. Within Section C, I'm going to 11 Page 9. It's entitled Health Training for 12 Correctional Officers. Do you see that? A Yes. 13

Q Okay. Tell me about the scope and purpose

14

15 of this policy.

17 little better part of the team because they have a 18 little bit of knowledge as far as medical operations 19 and first aid, CPR, that sort of thing. Q Now, Paragraph 2 of this policy states, 21 "That correctional officers, who work with inmates, 22 receive health-related training at least every two 23 years," and then the policy gives a list under that. 24 Do you see that? A Yes.

A Oh, it's just to help the security side be a

Page 20 Q So I want to really understand this -- this 2 every-two-years part of the policy. Is -- is -- at 3 any given time, if I -- at least at the time of 4 our -- of our case here, in 2019, if I were to go 5 into the jail and look at all the correctional 6 officers, would every one of those for sure have been 7 given this training in this policy within two years 8 of that date? A I -- I'm not able to answer that accurately. 10 I wouldn't know. Q Okay. Paragraph 3 of this policy says, "An 12 outline of the training, including course, content 13 and length, is kept on file." Do you see that? Q Would you happen to know, when it says "on 16 file", is that kept in Turn Key's records? Q Okay. So that would be, like, the -- the 19 training materials, any -- any materials actually 20 presented to the correctional officers on this --21 this two-year training? Q Okay, If I wanted to know whether 24 particular correctional staff were trained under this

25 policy we're looking at, where, if anywhere, would I Page 21 1 be able to look to know whether a particular person

2 got that training? A I think that the jail is the one that keeps 4 the training log or attendance record. I don't think

Q Okay. So if such records showing compliance 8 with this training protocol exist, that would be on 9 the County to have proof of that, correct?

A Well, or Turn Key, Like I said, I'm not 10 11 sure who maintains those records, but it should be 12 documented somewhere. We always keep an attendance 13 log of any training that we do. 14 O Okav.

A And I don't know who -- I don't know who 15 16 files that away, us or the jail. Probably both, but 17 I honestly don't know. Q Okay. And if you know, regarding

19 correctional officers, would such training records, 20 in your experience, typically be found in

21 correctional officers' personnel files? 22

A I would think so.

O Okay.

24 A Typically, employers maintain, you know, 25 training records for their employees.

Page 24

Page 22 Q We're staying within the Health Training for

- 2 Correctional Officers policy, the second page of that
- 3 policy, Exhibit 9, Section C, Page 10. Paragraph 4
- 4 says, "A certificate or other evidence of attendance
- 5 is kept on site for each employee." Do you see that?
- Q And so that -- that's what you -- what we
- 8 have been talking about, correct?
- 10 Okay. And Paragraph 5 gives notes that the
- 11 goal is to have 100 percent of the staff trained on
- 12 these items, correct?
- 13 A Correct.
- Q Okay. But the policy recognizes that
- 15 perhaps not every single correctional staff will be
- 16 covered, correct?
- 17 A Correct.
- 18 Q Okay. We're staying in Exhibit 9. We're
- 19 now into Section D. Within Section D, I'm going to
- 20 Page 19 entitled Diagnostic Services. Do you see
- 21 that?
- 22 A Yes.
- Q Generally speaking, in terms of diagnostic
- 24 services, and I know we're going back in time, and
- 25 perhaps this may not have changed a lot over time,
- Page 23

 1 what diagnostic scans and services were available in
- 2 the Oklahoma County Jail in August of 2019?
- A Same as it's always been. We have labs,
- 4 x-rays and ultrasounds that we can -- we can have
- 5 done in-house.
- And then, you know, like the labs -- the
- 7 labs are sent out. They are drawn, but then they are
- 8 sent out. And the x-rays are done in-house, but the
- 9 radiologist is not in-house, so those reports are
- 10 usually available the same day, and ultrasounds, too.
- 11 O Are MRIs available in the jail?
- 12 A Not in-house.
- 13 Q Okay. So if an MRI needs to be done, the
- 14 inmate needs to be taken to an outside provider?
- 15
- O And what about CT scans? 16
- 17 Same with those.
- O Okay. And just to make sure we have a clear
- 19 record, so if an inmate needs a CT scan, they need to
- 20 be taken to an outside provider, correct?
- 21 A Yes.
- Q Okay. Staying in Exhibit 9, going to
- 23 Section E. Now, within Section E, I'm going to
- 24 Page 27, the Emergency Services Policy. Do you see
- 25 that?

- A Yes.
- Q At the bottom of Page 27, the procedure
- 3 section notes that, "After notification of emergency,
- 4 healthcare and/or correctional staff will respond to
- 5 the area within four minutes." Do you see that?
- A Yes.
- So this particular policy, would it be fair
- 8 to say, expects, in some scenarios, for correctional
- 9 staff to respond to an emergency, if applicable?
- A Yes. 10
- Q Okay. And why is that? 11
- A Well, that's why we do the training, is, you 12
- 13 know, so they will know CPR, if they need it, or, you
- 14 know, what -- how to recognize an emergency.
- Q And, again, from Turn Key's perspective, 15
- 16 would it be accurate to say it expects the
- 17 correctional staff to have some baseline level of
- 18 knowledge to recognize a medical emergency or serious
- 19 health condition?
- 20 A Yes.
- 21 Q Okay. And from Turn Key's perspective, why
- 22 is that an important expectation?
- 23 A Well, because, like I said, they sometimes
- 24 serve as our eyes and ears because they are more --
- 25 they are more exposed to the population.
- Page 25
- Q I'm staying within this Emergency Services 2 Policy, but I'm going to Page 28. I'm looking at
- 3 Paragraph 6 here, kind in the middle of the page, and
- 4 one of the procedures that is provided is the
- 5 possibility of calling 911. Do you see that?
- Q Okay. Now, this policy, if it is needed to
- 8 call 911, Turn Key would expect the medical staff to
- 9 do that when -- when necessary, correct?
- A Usually we don't expect the staff to make
- 11 the notification, but we usually instruct the
- 12 security staff, that's within earshot, to do that --
- 13 Q Okay.
- A -- because we're usually busy, you know, 14
- 15 getting the AED on or whatever.
- 16 Q So there is some expectation by Turn Key
- 17 that, in appropriate circumstances, the correctional
- 18 staff will need to call 911, correct?
- 19 A Yeah. Usually, they are the ones that call
- 20 911.
- 21 Q Okay. Now, just to be clear, while the
- 22 correctional staff, kind of talking about this
- 23 policy, this -- this Paragraph 6 we're looking at,
- 24 while they are the ones that usually call 911, is it
- 25 usually the medical staff that makes the initial

Page: 8 (26 - 29)

1 decision to call 911, or can that be different,

2 depending on the situation?

3 A It can be different, depending on the

4 situation.

5 Q So you would agree with me that there are

6 some situations at the jail where the situation would

7 warrant correctional staff, A, making the decision to

8 call 911, and, B, actually being the one calling 911,

9 correct?

10 A Correct.

11 Q Okay. And so would you disagree with the

12 sentiment that there is never a time where the

13 correctional staff is obligated to call 911?

14 A I would not agree with that. There are

15 times that I would expect them to call 911.

16 Q Okay. And just to be -- make sure our

17 record is clear, there are times Turn Key would

18 expect the correctional staff to, A, make the

19 decision to call 911, and, B, actually carrying out

20 the 911 call, correct?

21 A Yes.

22 Q Okay.

23 A My advice has always been, if you would call

24 911 for your family or your neighbor, call 911 for

25 these guys.

Page 27

Q And that would be your advice to, first, the

2 medical staff, correct?

A Oh, absolutely, yes.

4 Q And that would be your advice to the

5 correctional staff, too, correct?

A Correct.

Q Okay. I'm going to Exhibit 10 to your

8 deposition. These are the -- I'm not going to go

9 through these probably in detail, but these are the

10 nursing protocols that Turn Key produced. Tell me

11 why you reviewed these for today.

12 A Just in case I get questions.

13 Q And as I understand it, these protocols,

14 more or less, are premade forms that provide kind of

15 a process for different ailments, more or less?

16 A Yeah, it allows the nurses to address some

17 simple, minor complaints with over-the-counter

18 medications.

19 Q And so we have got some processes and

20 checklists provided for things such as dental issues,

21 ear issues, headache, hypertension, things like that?

A Yes

23 Q Okay. I'm going to introduce Exhibit 11 to

24 your deposition. I'll represent to you, sir, this is

25 the contract Turn Key had with the County that was in

Page 26

Page 28
1 force and effect at the time of Mr. Clinton's death.

2 Do you recognize this?

3 A Yes.

Q And are you generally familiar with the

5 contract that Turn Key had with the County?

A I'm generally, yes.

7 Q Okay. And I know you're not a lawyer, so

8 I'm not going to ask you lawyer questions.

9 A Thank you.

10 Q But I'll ask you, here on Page 2 of the

11 contract, Exhibit 11, Section 1.1, Scope of Contract,

12 do you see that?

13 A Yes.

14 Q Okay. And the first paragraph notes that,

15 "Contractor," which is Turn Key, "shall be the sole

16 supplier and/or coordinator of the healthcare

17 delivery system at the facility," a/k/a the jail.

18 "The contractor's responsibility for the medical care

19 of an inmate commences with the commitment of the

20 inmate to the custody of the facility and ends with

21 the release of the inmate." Do you see that?

22 A Yes

23 Q Okay. Now, I know you have already touched

24 on this multiple times, so I don't mean to keep going

25 back to this, but given that Turn Key is the sole

Page 29

1 provider of medical services in the jail, tell me

2 Turn Key's general expectation of the correctional

3 staff in terms of getting medical care to the

4 inmates, making sure there is a continuity of care or

5 supervision. Tell me what Turn Key requires and

6 relies on the County for.

7 A Well, since we're the vendor, I don't guess

8 we get to require anything of them, but we do expect

9 them to notify us in cases of emergencies or in cases

10 of worrisome situations,

11 You know, if someone is not eating, we

12 typically don't know that if they don't tell us.

13 Somebody's hygiene is going downhill or their --

14 their behavior changes.

15 I mean, just things like that that could

16 prompt us to check things out a little more closely

17 than, you know, just going by the cell and giving

18 them a pill during pill pass.

19 Because, like I said, these security

20 officers have more time with them. They are also

21 more familiar what their normal behavior is if they

22 are seeing them every day. So, yeah, we rely on them

23 to -- to notify us of changes.

24 Q And what's the general expectation of Turn

25 Key on the detention staff if there is a potentially

Page: 9 (30 - 33)

 $^{\rm Page~30}$ emergent medical situation for an inmate and the

2 medical staff is not meeting the inmate's needs?

3 A Say that again.

Q Yeah. So what would Turn Key's expectation

5 be of the detention staff if the medical staff is

6 hypothetically not meeting the needs of an inmate?

7 A To follow the chain of command and go to the

8 next level up, either by -- either by notifying their

9 security chain of command or the medical chain of 10 command.

Q Okay. And so from Turn Key's point of view, it's not proper for the detention staff to simply take the position that, well, we referred an inmate

14 to medical, we have fulfilled our duty?

15 A Well, I mean, it would depend on the

16 situation, I guess, and the severity of the

17 situation, but, typically, people should follow the

18 chain of command and make sure that others are aware

19 of a situation, not just, you know, one person.

Q Okay. And, again, we have hit on this a bit

21 already, but I just -- I need a clear record since 22 this is my only time to talk to you before trial, so

23 I apologize if I'm -- if I'm partially replowing

23 Tapologize ii 1 iii -- ii 1 iii partiany repiowing 24 ground.

25 But given the contractual relationship

Page 31 between Turn Key and the Sheriff's Office, Turn Key

2 does have some expectation that the correctional

3 staff be trained and aware to identify and properly

4 supervise detainees with serious -- potentially

5 serious medical needs, correct?

6 A Yes.

Q Okay. And, similarly speaking, is there

 ${\bf 8}\,$ some level of expectation from Turn Key that the

9 security staff has some level of training and

10 awareness to recognize and respond to medical health

11 emergencies?

12 A Yes.

Q Similarly, is there some expectation from

14 Turn Key that the detention staff be trained and be

15 aware on how to make decisions or -- regarding

16 referrals to medical care?

7 A Well, I know that, you know, they are told

18 to notify medical in certain situations during their

19 training, but I don't know that they are taught, you

20 know, that they should maybe go up the chain of

21 command if they are not getting the response that is

22 expected. I honestly don't know that.

23 Q And is there some expectation from Turn Key

24 that the correctional staff be trained and be aware

25 that detainees with emergency medical needs are

Page 32 1 receiving timely and appropriate medical attention?

2 A Yes.

Q Okay. And at some point, is there some

4 expectation from Turn Key that detention staff be

5 aware whether a particular inmate or detainee's

6 condition exceeds the services that can be provided

7 at the jail?

8 A Yes.

Q Now, generally speaking, it's my

10 understanding that the 13th Floor of the Oklahoma

11 County Jail is the -- is the medical wing; is that

12 correct?

13 A Yes

14 Q Tell me with more specificity about 13B?

15 What's that?

16 A That's the real medical part. That's where

17 we put, you know, the more -- the people we need to

18 watch more closely, people that are on more than the

19 routine twice-a-day medications or have a more

20 serious condition or need more assistance. They

21 are -- they are closer to medical staff, so they

22 are -- you know, it's -- that's why.

23 Q And tell me about the decision-making

24 process of bringing an inmate into 13B. Who makes

25 that decision, what's the process look like,

Page 33

⊥ et cetera?

A The providers, the nurse practitioners or

3 physician are the ones that, you know, designate

4 that's where they need to be.

5 Q And kind of a similar question, who makes

6 the decision and what's the process like to take

7 someone, an inmate, out of 13B?

8 A That's supposed to require provider approval

9 as well.

10 Q Okay. And what about 13D, what's that?

11 A That's, like, the next level down. If they

12 are not so bad that they need to be that close, but

13 they need to, you know, still be on the same floor,

There

14 then that's when they are moved down there. They

15 are -- it's kind of, like, a stepdown unit, I guess

16 you could say.

17 Q And so tell me, generally speaking, when an

18 inmate first comes to the jail and they are getting

19 booked, they come in on the lower level, who makes

20 the decision to put that inmate in 13D? If they are

21 going straight to 13D and not 13B, how does that

22 decision get made?

23 A Nursing can make that decision or they can

24 consult with a provider if they aren't sure.

25 Q And just to make sure we have a clear

Page 34 1 record, on these answers when you're saying the A Would you repeat that, please? 2 "provider", could you tell me who you're talking 2 Yeah, that was a poor question. I'll ask it 3 a little simpler. Does Turn Key abide by and follow 4 the standards in this contract that govern how its A Yeah, either the physician or the nurse 5 practitioners or a PA, but we don't have any PAs 5 employees perform their day-to-day functions? Yes, to the best of our ability. 6 there, so --Okay. Now, I'm on Page 8 of the contract. Q Regarding physician care as of August 2019, 8 I'm looking at this Paragraph G here kind of towards 8 was it the practice at the Oklahoma County Jail to 9 have a physician always evaluate a detainee when they 9 the middle of the page. Do you see that? 10 first presented to the jail? 10 Α Yes. 11 Now, this is in reference to Turn Key's --11 A No. 12 what the County is requiring Turn Key to do at the Regarding physician care as of August 2019, 12 13 was it the practice at the Oklahoma County Jail to 13 Oklahoma County Jail, and it mentions, "Operations 14 shall be in compliance with the Oklahoma Jail 14 have a physician always evaluate a detainee when the 15 detainee returned from an emergency room or a 15 Standards." Do you see that? 16 hospital visit? Α 17 A Within seven days, yes. 17 Q Could you -- are you familiar with those, Q Okay. Now, a few general questions on 18 generally speaking? 19 Exhibit 11, and I don't have it pulled up, but it's 19 A Very generally, yes. Okay. Tell me your general understanding. 20 the contract between Turn Key and the County. 20 A Just that, you know, people will be treated 21 A Uh-huh. 21 22 in a dignified manner and receive healthcare that Q Are there certain requirements the County 23 imposes onto Turn Key and its staff? 23 they need and housed in a reasonably safe 24 environment. 24 Yes. Q Now, and -- and you can answer this, if you 25 Q Okay. I'm going to share my screen again, Page 35 1 know it, but those Oklahoma Jail Standards, do you 1 still looking at Exhibit 11. I'm looking at Page 7, 2 Section 1.17, Health Personnel Services Provided. Do 2 know, do those apply to Turn Key or does Turn Key 3 expect them to apply to it in all of its operations 3 you see that? 4 or only if contractually obligated to follow them? A Yes. Q Now, I do not want to spend all day reading A Oh, no, we only operate in jails. So, yeah, 6 they would always apply to us in any Oklahoma 6 fine print. I'm not going to drag you through all of 7 that, but take time to read any provision that you 7 facility in which we operate. Q And kind of a similar question for the next 8 need, and I can blow it up for you, but would you 9 Item here, the American Correctional Association, the 9 agree with me that the County here exercises some 10 level of control and expectation over how Turn Key 11 staff has to do their job under this contract? 11 12 A Yes. 12 Q Okay. And, in fact, here we're looking at 13 14 the bottom of Page 7, the contract, in referencing

15 Turn Key, has some requirements here about initial 16 health screenings, correct? 17 A Yes. Q Okay, And the contract, in Section B right 18 19 under that, also dictates some requirements regarding

20 adequate staffing levels; is that also true? 21 A Yes,

Okay. Now, from Turn Key's perspective, if 23 it fails to have its employees run their duties as 24 required by contract, what's the expectation of what 25 would happen with the County?

10 ACA. Are you generally familiar with that? Q And is it Turn Key's understanding that 13 that -- the ACA would always apply to its jail 14 operations, or is it governed by contract? A It's governed by contract, but we follow --15 16 we attempt to follow it. You know, sometimes the 17 operations won't allow you to, because it's kind of 18 geared toward larger facilities, and sometimes very 19 small facilities don't have the physical plant or the 20 staffing to follow those as perfectly, but we still 21 try to follow it in general. Q Okay. If Turn Key has a contract with a 23 jail or a municipality and the contract doesn't make

24 any mention of the ACA, does Turn Key still try to

25 follow the ACA or does it treat that as a mandatory

Page: 10 (34 - 37)

Page 36

Page: 11 (38 - 41)

Page 40

1 standard?

2 A We try to.

3 Q Okay.

A And, like I said, it depends on the -- you

5 know, the physical structure of the building and the

6 staffing levels and that sort of thing, just how

7 closely you can be, but we still try to follow the

8 principles.

9 Q Okay. And kind of a similar question for

10 the NCCHC, are you familiar with that?

11 A Yes.

12 Q Okay.

13 A Yeah, same -- same -- same goes for that.

14 The -- probably one of the more limiting things is

15 they have some timeframes where certain things are

16 supposed to happen. And if the staffing doesn't have

17 someone there on a daily basis, sometimes you can't

18 follow those perfectly, so you just follow it as

19 closely as you can.

O Q Okay. And what's -- and I have got to walk

21 these -- through these mechanically, so I apologize,

22 but what's Turn Key's attitude towards the NCCHC

23 standards if it's contracting with municipalities and

24 the contracts make no mention of NCCHC compliance?

25 What's -- what's Turn Key's conclusion on complying

Page 39 or not having to comply with the NCCHC standards?

A We still try to follow them as closely as

3 possible and our policies and procedures are geared

4 that way so that we are kind of guided by those same

5 principles.

6 Q And lastly on this list, what about the

7 Prison Rape Elimination Act?

A Our biggest role there is on our intake

9 screening, we ask questions about -- that would

10 hopefully identify someone as a potential victim or a

11 potential perpetrator, and then we notify security

12 that they may need to house them accordingly.

And then if there is a complaint of a rape,

14 then we accommodate their transfer to a SANE nurse,

15 which is a Sexual Assault Nurse Examiner. We don't

16 do the exams ourselves, better to have a third party

17 do that, and these people -- the SANE nurses are

18 trained in that, so we -- we just let them know when

19 they need to go, basically.

20 Q Okay. And similar to before, on the Prison

21 Rape Elimination Act, if that's not covered in any

22 contract with a municipality, does Turn Key see that

23 as that they have to require [sic] with it, or is it

24 similar to the other ones where you -- you try to

25 comply with it?

Page 38

A No, we have to, because that one is a law.

2 Q Okay. So that would be different than the

3 ACA and NCCHC standards, correct, in terms of how

4 Turn Key treats it?

5 A Yes, that's correct. And, you know,

6 staffing levels and the building structure and that

7 sort of thing wouldn't impact that anyway, so --

8 Q Regarding detention staff training, is there

9 any expectation by Turn Key that the County itself or

10 the Sheriff's Department would train correctional

11 officers, correctional staff, on certain things?

12 A Yes.

13 Q Tell me, generally speaking, Turn Key's

14 expectation on that front.

15 A Well, that they would be trained how to do

16 their job and to also accommodate helping us do our

17 job.

18 Q Does Turn Key have an expectation that the

19 County, the Sheriff's Department, train its detention

20 staff on properly performing site checks?

21 A Yes.

22 Q Okay. And I know I asked you a version of

23 that question earlier, so I apologize. Are you

24 generally familiar with the handover, if you will, of

25 the Oklahoma County Jail from the Sheriff's Office to

Page 41

1 the Jail Trust?

2 A Yes.

3 Q Okay. And do you recall when that formally

4 happened?

5 A I think it was July 1st, 2020, I think.

6 Q Uh-huh.

7 A I may have the year wrong, but it was

8 July 1st, but I think it was 2020.

9 Q Tell me, generally speaking, Turn Key's

10 understanding of why the handover happened.

11 A I know there was some impact from the County

12 Commissioners seeking a trust. I don't know their

13 reasoning, but I know it kind of came from the County

14 Commissioners.

15 Q I'm going to introduce Exhibit 5 to your

16 deposition. I'll represent to you this is the

17 Sentinel Event Review form. Do you see that?

18 A Yes.

19 Q You testified on it earlier, but let's just

20 go back on it real quick. Tell me the scope and

21 purpose of Turn Key's Sentinel Event Review.

2 A It's so we can do the administrative review

23 and the clinical review and the psychological

24 autopsy, if it's indicated, so we can see if there

25 are things we need to do differently, make any policy

Page: 12 (42 - 45)

1 changes, things like that, make sure the person got

2 the care that they needed or not.

Q The -- I'm on Page 2 of Exhibit 5. There is

4 a signature dated September 5th, 2019. Do you know

5 whose signature this is?

A That's my signature.

That's your signature? Okay.

MR. TABOR: Allie, we're going about an

10 hour. You want a quick break?

11 MS. AH LOY: It's up to Dr. Cooper. Do you

12 need a break or do you want to keep going?

13 THE WITNESS: I could use a short break.

MR. TABOR: Okay. We'll go off here for a 14

15 few minutes.

(A break was had from 10:32 a.m. to 10:43 a.m.) 16

17 Q (By Mr. Tabor) Back on the record.

18 Dr. Cooper, we had just looked at the Sentinel Event

19 Review that you signed, correct?

A Correct.

Q Okay. I'm next going to share what's being

22 marked as Exhibit 6 to your deposition. I'll

23 represent to you this is the investigative report

24 rendered by the County. You recognize this document,

25 sir?

A Yes. 1

2 Q Have you reviewed this investigation?

A Yeah, I read it.

Q Okay. Before we discuss anything about

5 Mr. Clinton, I want you to kind of tell me, generally

6 speaking, from Turn Key's point of view, what's the

7 usual mode and practice of the County sharing

8 investigations like this one with Turn Key?

A Usually they share their reports with us.

Q And do they share them pretty quick? I know

11 that's vague. Do they share them without litigation?

12 A Yes, they -- they have.

Q And why, generally speaking, do they do 13

14 that, from Turn Key's understanding?

15 A Well, because we try to function as a team.

16 So, you know, if -- if there is information that you

17 have, it's nice to share with your team.

Q When did Turn Key first get the

19 investigative report we're looking at here,

20 Exhibit 6, regarding the death of Mr. Clinton?

21 A Oh, only after there was litigation.

22 Q Okay. Do you know why the investigative

23 report regarding Mr. Clinton was not shared in

24 accordance with the usual, customary relationship?

A I don't know why. I just know it wasn't. I

Page 42

Page 44 1 was told that they weren't going to share it with us,

2 but I wasn't ever told a reason.

Q And so I want to flesh that out just to make

4 sure I fully understand you. When you say "they

5 weren't going to share it", was there some type of

6 request by Turn Key pre-lawsuit to get it and the

7 County refused to produce it, or did Turn Key just

8 never get it?

A I am assuming that the Health Service

10 Administrator asked for it, because she's the one

11 that told me that they weren't going to share it.

Q I'm introducing Exhibit 13 to your

13 deposition. Doctor, this is a note that Turn Key

14 produced in the case when we are still doing

15 discovery with Turn Key. Do you see that?

Q This is an August 10th, 2019, note or memo 17

18 from a Sinead Eastman, an RN. Do you see that?

19

20

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Q Have you seen this document before?

21 A No, I haven't seen this one.

22 Q Okay. This is a note, "To whom it may

23 concern." It mentions Mr. Clinton, the decedent in

24 this case. It notes he's being treated at

25 St. Anthony's and it notes, at least Nurse Eastman's

Page 45

1 opinion, "That Turn Key is not able to care for

2 Mr. Clinton at this time. His medical needs are

3 extensive and are best taken care of at a medical

4 facility." Do you see that?

A Yes.

Q And do you also see there is a sticky note,

7 that appears to have been put on this piece of paper,

8 and then it's part of the image?

A Uh-huh.

Q It says, "Approved per Judge Stoner at 10

11 10:03." Do you see that?

12 A Yes.

Q Do you have any information about why this 13

14 note was written, what involvement Judge Stoner had,

15 anything like that?

A Well, it looks like what we call an OR

17 request, and we sometimes submit a request for the

18 courts to consider releasing someone if their medical

19 condition is a little more than we can deal with in

20 the -- or more than we can deal with in our setting,

21 usually when they require hospitalization.

22 Q Okay.

A And sometimes the courts say yes and 23

24 sometimes they say no, but this looks like it must

25 have been a previous incarceration. It's dated in

Page: 13 (46 - 49) 3/14/2023 Page 46 Page 48 1 further action, correct? 1 August, it looks like, 2019, so --2 Yes. Q Well, I'll represent to you, August of 2019 Q Okay. And as you described previously on 3 is our -- our timeframe at issue in this case. 4 several occasions, that would include reporting the A Okay. 5 matter up the chain of command for potentially Q Okay. So it's your understanding that this 6 further action to be taken on the detention side of 6 note we're looking at from Eastman would be the 7 operations, correct? 7 process Turn Key sometimes undertakes to get judicial 8 permission to have an inmate kept outside of the jail A Correct. 9 because the medical condition of the inmate exceeds Q Okay. Are you aware or is Turn Key aware, 10 did the Oklahoma State Department of Health render an 10 what can be provided at the jail? Am I understanding 11 investigation into the death of Mr. Clinton? 11 that right? A They did an investigation. I don't recall A Yes. 12 13 it being specifically about Mr. Clinton. 13 Q Okay. And it appears Turn Key did, in fact, Q Okay. Is Turn Key generally familiar, one 14 undertake that effort, correct? 15 way or the other, with prior Oklahoma State 15 A Yes. 16 Department of Health investigations of the Oklahoma Q Okay. Who, generally speaking, is involved 17 County Jail? 17 in initiating that process? Again, the process here 18 we're looking at in this note, in Exhibit 13. Can it 18 A Yes. Q Okay. Are you aware, one way or the other, 19 be any nurse, the doctor? Who has to approve the 19 20 or is Turn Key aware, one way or the other, whether 20 initial reach-out? 21 there is a pattern of deficient site checks by the A There is no one specifically designated. 21 22 Usually it's the physician, a nurse practitioner or 22 detention staff at the jail? 23 A I know they are not perfect sometimes. 23 the Health Service Administrator, and sometimes the 24 DON or Director of Nursing. 24 Q Is it Turn Key's understanding that the 25 Oklahoma State Department of Health has investigated Q I'm introducing Exhibit 7 to your 1 and made note of some of its concerns regarding the 1 deposition. These are the cellmate statements. Do 2 site check practices of the detention staff 2 you see that? 3 previously? A Yes. Q Can you read this one from David Noble? A Yes. Q Okay. And that would include deficient site Yeah. 6 check practices before August 2019 --Q Okay. Now, were you able to read Oh, sorry, you're cutting out. 7 Mr. Austin's statement? Oh, sorry. Am I back? A This one, I couldn't really make out much. Q Okay. Were you able to read Mr. McCowin's Now you're back. 10 Okay. I'll start over. And that would 10 statement? 11 include Turn Key's awareness of deficient site check 11 A Yeah, most of this one, I could -- I could 12 practices by the detention staff as noted by the 12 make out. 13 State Department of Health before August 2019, O Okay. Would you agree with me or would you 14 correct? 14 agree with the sentiment that if there is an inmate 15 A Yes. 15 who is potentially suffering from a really serious 16 medical problem, from Turn Key's perspective, does 16 Q Okay. And as you testified to earlier, site 17 the correctional staff completely fulfill their duty 17 checks are important from Turn Key's perspective 18 because I believe, as you noted in part, detention 18 just by notifying the medical staff? 19 staff can be the eyes and ears in terms of inmate A Well, like I said earlier, if they, you

22

23

21 correctly?

20 know, don't get the response that they would expect,

24 being given to an inmate, Turn Key believes

Q So you would agree with me that there are

23 some scenarios where, if the proper response is not

25 correctional staff would be required to take some

21 they should go up the chain of command.

20 supervision. Am I -- am I understanding that

Q Okay. Now, in the notice, in Exhibit 1 to

25 be staffing by the Sheriff's Office or the County at

24 your deposition, we asked about -- Topic 7 here would

A Yes, that's correct,

Page: 14 (50 - 53)

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Page 50

1 the Oklahoma County Jail as of August 2019. Do you

2 remember that topic?

3 A Yes.

Q Tell me, generally speaking, from Turn Key's perspective, what the staffing trends by the County

6 were at the Oklahoma County Jail in August of 2019.

7 A They were struggling to keep staff levels8 adequate.

9 Q Could you be a little more specific? What
10 do you mean by "struggling" and "adequate"? What
11 were some of the specific problems?

12 A I know sometimes they were low on staffing

13 where it made --- you know, made things difficult

14 because their staff were low and their -- you know,

15 it's a nationwide problem to get adequate staffing at 16 jails.

But I know sometimes the levels were so low, it was hard for those guys and girls to perform their job functions, passing meds, passing food, that sort of thing.

Q And so we have established that that, from Irrn Key's perspective, existed as of August 2019.

23 Tell me, going back, how far would you say that

24 pattern and those concerns existed from Turn Key's

25 perspective?

A They have always had difficulty with that from the time we took the contract.

Q And when did Turn Key take over the medical contract, medical services contract for the Oklahoma County Jail?

6 A Oh, I have forgot what year it was. I think 7 we have been there four or five years. I think it's 8 been five.

9 Q And I'll represent to you, at least the
10 contract we got in the case, at least the one we have
11 was -- appeared to initially be executed in June of

12 2018. Does that sound right to you?

13 A Yeah, that -- that sounds right.

14 Q And, of course, it's been extended and

15 renewed since that time, correct?

16 A Yes.

17 Q Is Turn Key still the medical provider at 18 the Oklahoma County Jail?

19 A Yes

Q Okay. So to make sure I understand your testimony, from Turn Key's perspective, it believes that there has been deficient staffing by the County for detention staff at the Oklahoma County Jail at least since Turn Key took over the medical services contract in June of 2018. Am I understanding your

1 testimony correctly?

2 A That is correct.

Q Would you say Turn Key still has those

4 concerns sitting here today in 2023?

5 A Yes.

Q Okay. From Turn Key's perspective, if there

7 is deficient staffing, understaffing, as you have

8 described here today, what difficulties does that

9 place on the existing detention staff at the jail

10 from Turn Key's perspective?

11 A Well, it's the -- it's the detention

12 staffing that I'm talking about. So it means that

13 they are, you know, shorthanded, which makes it

14 difficult to perform the duties that they are

15 expected to do, which is, you know, passing meal

16 trays, collecting garbage, doing site checks, helping

17 medical pass out medications, get people to their

18 appointments, all those -- all those jobs that those

19 people do.

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20 Q So it would put a strain, if you will, on

21 the existing detention staff who are there working at

22 the jail, correct?

23 A Yes, that's correct.

24 Q Okay. Now, kind of a similar question for

25 you, Dr. Cooper, if -- as you have testified about

Page 53

1 the trends of staffing concerns at the jail on the 2 detention staff, how does that -- how do those

3 stressors and shortcomings impact the medical staff?

4 How does it -- how does it impact them?

5 A It makes it difficult sometimes to get

6 access to the people we need to get access to. You

7 know, in this particular building that's 13 stories

8 tall, the inmates have to be moved up and down the

9 elevator to get to medical. So it takes an officer

10 to transport them up and down the elevator to get

11 them to their appointments. So if they are

12 shorthanded, that can sometimes be delayed.

And then, also, the officers have to escort

14 the medical personnel that are passing medications on

15 the units, because that is done on the units, but

16 they have to have an officer escort them to give them

17 access to the people, and that can be -- that can be

18 a hindrance sometimes when they are short-staffed.

19 Q So if I'm understanding you right, if the

20 County has a pattern of poor staffing, understaffing,

21 that can come back and have a negative effect on the

22 medical care that's being rendered at the jail by the

23 medical staff, correct?

24 A It makes it more challenging, yes.

Q Now, in our notice, kind of a related topic

8 about that.

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 ${\tt 1}\;$ we asked about -- I'll share it so I'm not just

2 reading it out to you.

Item No. 8 in our notice, we asked Turn Key
about proposals or discussions Turn Key had with the
Sheriff/County from January of 2014 through January
of 2020 regarding alternatives for medical staffing
and healthcare at the Oklahoma County Jail. Tell me

9 A The -- the only one I recall was pretty
10 early after we took the contract over and realized
11 there were challenges, especially with passing
12 medications, and doing some nursing duties, like
13 wound care, finger-stick blood sugar checks and that
14 sort of thing.

So we did propose one time that we were

able -- that we should be able to increase our

medical staffing so that we could perform more

functions on the units to reduce the need to

transport people up and down the elevator to medical.

That's the -- that's the only one that I
recall during this time period. And Tammy Hill, the
person that was the Health Service Administrator at
the time, that was the phone conversation I had with
her, was to verify that.

5 Q Regarding staffing on this topic, has Turn

 $$^{\rm Page}$$ 55 Key ever made any requests, demands, made any

2 communications to the County, asking it to improve

3 its staffing patterns?

4 A Yes.

23 know it is better.

5 Q Tell me about that.

A Well, on multiple occasions when -- when it got difficult to pass medications is the -- was the one thing that was always the most difficult, we asked them several times to try to improve their staffing.

And I know they made a lot of attempts, you know, giving pay raises and that sort of thing, but it still continued to be, you know, challenging, but it did get better than it did -- than it was initially.

16 Q Is it still a topic of concern from Turn 17 Key's perspective here today?

A It's much better than it was. I don't know
that it's a hundred percent better, but I haven't
been reached out in panic mode about not being able
to get meds to people and things like that recently.

So I can't say for sure how much better it is, but I

Q Has Turn Key ever had -- I know I have kind of asked you this already. Regarding staffing, has Page 56
1 Turn Key had prior concerns of the Sheriff's Office

2 or County regarding the adequacy of how the detention

3 officers are performing their jobs, the existing

4 detention officers who are coming to work, who are

5 showing up?

Page 54

A I think the way I worded it was we knew they

7 were kind of stretched thin because they were

8 short-staffed, so they were trying to do more

9 functions than would typically be expected of them.

10 Q And just to make sure we have a clear

11 record, if I didn't shore this up with you already,

12 those concerns of you -- as you have described

13 existed in August of 2019, correct?

4 A Yes

15 Q And they existed before August 2019,

16 correct?

17 A Correct.

18 Q And Turn Key communicated its concerns about

19 those staffing issues, you have just testified to, to

20 the County before August 2019, correct?

21 A Correct.

25

22 Q As of August 2019, from Turn Key's

23 perspective, could you tell me, what were the general

24 capacity trends at the Oklahoma County Jail?

A What do you mean by "capacity trends"?

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 ${f 1} = {f Q}$ The inmate population in terms of whether

2 the jail was under-crowded, over-crowded, et cetera.

3 A I know when we first took the contract over,

4 that they were telling us the population was down

5 because they were incarcerating less people for minor

6 crimes, so I know the trend was to try to keep the

7 population down.

8 I know it was several hundred less than it

9 had been in the past, according to the people that

10 were telling us this when we first started there.

11 Now, what the trend was between '18 and '19, I -- I

12 don't know.

13 Q At any point in time during the lifeline of

14 the Turn Key contract, did Turn -- are you aware, one

15 way or the other, whether at any given time the jail

16 has been, from Turn Key's perspective, over-crowded?

17 A No.

18 Q Okay. Now, one of the items we asked you

19 about in the deposition notice was Turn Key's

20 knowledge of issues regarding detainees or inmates at

21 the jail being able to compromise lock systems. Tell

22 me about that.

23 A It was kind of common knowledge within the

24 staff there that there were problems with the locks,

25 and I know they were able to replace some.

Page: 16 (58 - 61) Page 60 Page 58 1 at SSM before being admitted, correct? When I was visiting there one day, they told 2 me that they had gotten some of them replaced with A Correct. 3 more reliable locks, and the plan -- and the plan was Q Okay. And SSM, more or less, cleared 4 Mr. Clinton to be able to be incarcerated at the 4 to replace the others. I don't know what the -- I don't know if 5 Oklahoma County Jail, correct? A Correct. 6 they were able to get the rest of those changed out 7 or not, but I know at one time they were working on O So with Mr. Clinton's CT and his 8 pre-incarceration records at St. Anthony's in mind, 8 it. Q I'm introducing Exhibit 3 to the deposition. 9 has Turn Key, one way or another, made any 10 It's the Medical Examiner's report. Do you see that, 10 determination on what caused or worsened 11 Mr. Clinton's blunt force trauma to his cervical 11 Doctor? A Yes. 12 spine? 12 A We haven't determined anything. We -- you 13 Q And you reviewed this to prepare for today, 14 know, we were told -- and I was told not by the 14 right? 15 A Yes. 15 original source. It was during the Sentinel Event 16 Review. I think it was the Health Service Q I'm on Page 1 of the report and the Medical 17 Administrator. It might have been the other 17 Examiner identified Mr. Clinton's probable cause of 18 physician. 18 death as blunt force trauma of cervical spine. Do But someone told me that they were told he 19 you see that? 19 20 looked like he had been in a fight and had bruising 20 A Yes. 21 on his face and head, so that's -- that's the thing 21 Q Sitting here today, does Turn Key have any 22 I'm not clear about, because the Medical Examiner's 22 basis to doubt the conclusions of the Medical 23 report does mention some hemorrhage in the tissues, 23 Examiner? 24 and I don't believe that that was noted anywhere No. 25 prior, you know, when he first came in. 25 Q And just for housekeeping purposes, I have Page 61 Page 59 1 introduced the Turn Key medical records that were Q And so Mr. Clinton's condition, as described 1 2 by the Medical Examiner's report, which you reviewed, 2 produced to me at your deposition. Do you see that 3 would it be fair to say that condition is very 3 on your screen? 4 different from the condition Mr. Clinton was in when A Yes. 5 he presented for his CT at St. Anthony's before going Q Okay. And, to your understanding, these 6 would be a full and accurate log of Mr. Clinton's 6 into the jail? A Well, it's not documented that he had 7 Turn Key medical records --8 bruising at that time, that I saw, but I just read A Yes. 9 the CAT scan report, but there was no mention of that 9 Q -- from August 2019? 10 on the CAT scan report. 10 A Yes. Q I'm introducing Exhibit 8 really quickly, 11 Q Okay. I'm introducing Exhibit 4 to your 11 12 Doctor. This was given to me by Turn Key ahead of 12 deposition that was produced ahead of the deposition, 13 and these are the St. Anthony's records. Do you see 13 your deposition. MR. TABOR: Oh, this may be the duplicate, 14 that? 14 15 Allie. Sorry about that. My bad. 15 A Yes. Q Now, this is what Turn Key gave me, but I Q (By Mr. Tabor) I'm introducing Exhibit 12. 16 16 17 I'll represent to you, Doctor, this is the first 17 believe you made a mention earlier, you said on 18 St. Anthony's records, you just reviewed, what was 18 amendment to the Turn Key contract with the County, 19 which, among other things, extended the service term 19 it, the CT impressions? 20 of the contract. Do you see that? 20 A Yes.

21

22

25

Q Okay. And that would have been the CT

22 impressions of Mr. Clinton after he left the jail

A It was before he was placed into custody.

Q Sorry, yes, before -- when he was screened

23 during the timeframe at issue; is that right?

24

25

A Yes.

24 provider at the jail, correct?

A That's correct.

Q Okay. And as I understand it, as you have

23 testified earlier, Turn Key is still the medical

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Q And so Turn Key has contended to extend its 2 initial contract it entered into with the County,

- 3 correct?
- A Correct.
- Q The medical staff at the jail that Turn Key 6 provides, you know, other than being medical
- 7 professionals, are they denoted any differently from
- 8 the detention staff, from the inmate's perspective,
- 9 that they are employed by Turn Key and not the
- 10 County? Is there any type of notice given to the
- 11 inmate on that front?
- A Other than their nametag, that should say
- 13 Turn Key on it, but I don't -- I don't know that it's
- 14 in the inmate handbook or anything like that.
- 15 Q But, generally speaking, on the day-to-day
- 16 practices of the Turn Key staff, from the inmate's
- 17 perspective, does -- does the Turn Key staff appear
- 18 to be rendering services to the inmates on behalf of
- 19 the County?
- 20 A Indirectly, yeah.
- 21 Q And do you believe that would be a
- 22 reasonable conclusion by the inmates, that the
- 23 medical staff is giving them medical services on
- 24 behalf of the County?
- 25 A Yes.
- Q Okay.
- MR, TABOR: I'm going to look over a few
- 3 things real quick, Doctor. Let's take another brief
- 4 break, if that's okay with you.
- THE WITNESS: Okay.
- (A break was had from 11:16 a.m. to 11:20 a.m.)
- MR. TABOR: Go back on the record.
- 8 Dr. Cooper, I have no further questions at this time.
- 9 I'll pass the witness.
- CROSS EXAMINATION 10
- Q (By Mr. Heggy) Doctor, my name is Assistant 11
- 12 District Attorney Rod Heggy. I am -- I have been
- 13 assigned by the District Attorney to defend the
- 14 Oklahoma County Defendants in this case.
- I just have a couple of questions. First of 15
- 16 all, would you explain what the emergency response or
- 17 triage, if I'm not misusing that term, capabilities
- 18 of Turn Key are inside the Oklahoma County Jail at
- 19 any particular time, but 2019 specifically?
- A If -- if an officer brings an arrestee in,
- 21 we do a prescreen, where we do vital signs and then
- 22 just take a quick look, do they look okay.
- 23 And then we have a set of criteria, we call
- 24 a fit criteria, is are they fit for incarceration,
- 25 and there is a list of things that, you know, mean

- 1 that they need to be sent to the hospital to be
- 2 evaluated and cleared for incarceration, and one of
- 3 those is a motor vehicle accident, chest pain, lots
- 4 of things.
- So the prescreener takes a look at that, and
- 6 they will tell the officer, "This person is going to
- 7 have to go get cleared from the hospital before we
- 8 will take them in."
- And that -- I don't mean -- I don't think
- 10 Mr. Clinton even got to the prescreening. I didn't
- 11 see that. I think the officer just realized we're
- 12 going to have to clear him, because he was in a car
- 13 wreck, and took him and got -- got cleared prior to
- 14 incarceration.
- 15 Then when they come in, we do a
- 16 medical/mental health screening, where we ask
- 17 questions about their history, do a set of vital
- 18 signs, take a quick look at them, and then can base
- 19 what we need to do next, do they have a history of a
- 20 chronic illness that needs to be followed up with a
- 21 provider, do they need medications ordered and that
- 22 sort of thing.
- 23 And then they are designated where they can
- 24 be housed, do they need to be on a medical floor, do
- 25 they need to be in general population, do they need
 - Page 65

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Page 64

- Page 63 1 to be on suicide watch, that sort of thing.
 - Q Now, if -- if there is a medical emergency,
 - 3 what is their triage capability?
 - A Capability? I mean, it's limited by what
 - 5 testing we can do. So if they are having an
 - 6 emergency and they need prompt lab work done or some
 - 7 test, like a CAT scan or MRI, or prompt x-ray even,
 - 8 then we just have to triage them to go out to get
 - 9 that done, because what we can do in-house has to be
 - 10 scheduled and -- because those people are not there
 - 11 around the clock. They are only there on certain
 - 12 days of the week and that sort of thing.
 - Q And who makes the decision as to whether or
 - 14 not any of those services you have just described
 - 15 would be needed?
 - A The provider, which is -- would be either a 16
 - 17 nurse practitioner or a physician.
 - Q Now, if an ambulance is called, excuse me,
 - 19 does Turn Key participate in the attempt to stabilize
 - 20 the person for whom the ambulance has been called so
 - 21 they will survive the ride to the hospital?
 - 22 A Yes.
 - Q And do the detention officers assist the 23
 - 24 medical staff in doing that?
 - 25 A Yes.

3/1	4/2023	Page: 18 (66 - 67)	
_	Page 66		
1	Q Now, they their training is, as I		
	understand it, limited to first aid, CPR and maybe		
	the AED and but they wouldn't take over the triage		
	from an RN or an LPN, would they?		
5	A Typically, no. Typically, no.		
6	Q And you would expect that the medical		
	decision making would remain, generally speaking,		
	with the medical staff in all but the most		
	extraordinary circumstances; isn't that right?		
10	A I would, yes.		
11	Q And, in fact, you would probably take a		
ļ	pretty dim view of a detention officer, or myself as		
j	a lawyer, if I tried to overrule your medical		
1	judgment or the medical judgment of the doctor on		
	site, the RN on site, or even the LPNs on site,		
	right?		
17			
	typically, I would kind of frown on that.		
19			
1	your review to certain lab tests or, rather,		
	certain tests that were performed or studies that		
	were done on him at St. Anthony's Hospital, correct?		
23			
24	·		
25	entire record, do you know how many tests, laboratory		
1	or other research, was done on Mr. Clinton before he		
2	arrived at the Oklahoma County Jail?		
3	A No. No, I do not.		
4	MR. HEGGY: I pass the witness.		
5	MR. TABOR: I have nothing further.		
б	MR, HEGGY: Signature?		
7	MS. AH LOY: Yeah, he will review and sign.		
В	MR. TABOR: Okay.		
9	MR. HEGGY: Thank you, Doctor.		
10	MR. TABOR: Thank you, Dr. Cooper.		
11	(Videoconference Deposition concluded at 11:27 a.m.)		
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JURAT
I, WILLIAM ALLEN COOPER, D.O., state under
oath that I have read the above and foregoing
Videoconference Deposition in its entirety and that
the same is a full, true, and correct transcription
of my testimony so given except for the corrections
noted.
() CORRECTIONS ATTACHED
() NO CORRECTIONS
TITTTAM ATTENT COODED DO
WILLIAM ALLEN COOPER, D.O.
SUBSCRIBED AND SWORN TO BEFORE ME, the
undersigned Notary Public in and for the State of
, on the day of
NT - 1 The 3- 1 d
Notary Public
My Commission Expires:
Reported By: Theresa L. McDaniel, C.S.R.

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1		ERRATA SHEET			
2	WITNESS:	WILLIAM ALLEN COOPER, D.O.			
3	DATE:	MARCH 14, 2023			
4	STYLE:	EQULLA M. BROTHERS vs.			
5		TOMMIE JOHNSON, III CASE NO. 5:2021-cv-418			
6	REPORTER:	THERESA L. McDANIEL, C.S.R.			
7	PAGE LINE	CORRECTION			
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                    CERTIFICATE
2
    STATE OF OKLAHOMA
                             SS:
    OKLAHOMA COUNTY
3
             I, Theresa L. McDaniel, Certified Shorthand
4
    Reporter within and for the State of Oklahoma,
5
    certify that the above-named witness was by me sworn
6
    to testify to the truth; that the Videoconference
7
    Deposition was taken by me in stenotype and
8
    thereafter transcribed and is a true and correct
9
    transcript of the testimony of the witness; that the
10
    Videoconference Deposition was taken by me on March
11
    14, 2023, in the City of Oklahoma City, State of
12
    Oklahoma; that I am not a relative, employee,
13
    attorney or counsel to any party in this case or a
14
    relative or employee to any counsel in this case or
15
    otherwise financially interested in this action; and
16
17
    that the witness elected to exercise their right to
18
    review the Videoconference Deposition transcript
19
    prior to its filing.
20
              IN WITNESS WHEREOF, I have hereunto set my
21
    hand and official seal this 16th day of March, 2023.
22
                           THERESA L. McDANIEL, C.S.R.
23
                           Certificate No. 995
                           Expires: December 31, 2023
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